

REINSURANCE INTERMEDIARY

BIOGRAPHICAL AFFIDAVIT

(Print or Type)

Full Name and Address of Company (Do Not Use Group Names):

In connection with the above-named company, I here with make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) If answer is "No" or "None," please so state.

1. Affiant's Full Name (Initials Not Acceptable) _____

2. a. Have you ever had your name changed? () Yes () No

If yes, give the reason for the change _____

b. Other names used at any time _____

3. Affiant's Social Security Number _____

4. Date and Place of Birth _____

5. Affiant's Business Address _____

Business Telephone _____

6. List your residence for the last ten (10) years starting with your current address, giving:

<u>DATE</u>	<u>ADDRESS</u>	<u>CITY AND STATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Education: Dates, Names, Locations and Degrees.

College _____

Graduate Studies _____

Other(s) _____

8. List membership in Professional Societies and Associations

9. Present or Proposed Position with the Applicant Company _____

10. List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past twenty (20) years, giving:

<u>DATE</u>	<u>EMPLOYER AND ADDRESS</u>	<u>TITLE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Present employer may be contacted? () Yes () No
Former employers may be contacted? () Yes () No

12. a. Have you ever been in a position which required a fidelity bond? () Yes () No
If any claims were made on the bond, give details _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? () Yes () No
If yes, give details _____

13. List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (state date licensed issued, issuer of license, date terminated, reasons for termination)

14. During the last ten (10) years, have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? () Yes () No
If yes, give details _____

15. List any insurers in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power) _____

16. Will you or members of you immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant insurance company or its affiliates? () Yes () No
If any of the shares or stock are pledged or hypothecated in any way, give details _____

17. Have you ever been adjudged a bankrupt? () Yes () No
If yes, give details: _____

- 18.a. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to any information or indictment charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny, or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or have you been subject to any disciplinary proceedings of any federal or state regulatory agency? () Yes () No
If yes, give details _____

- b. Has any company been so charged, allegedly as a result of any action or conduct on your part?
() Yes () No
If yes, give details _____

19. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer which, while you occupied any such position or capacity with respect to it, become insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? () Yes () No
If yes, give details _____

20. Has the certificate of authority or license to do business of any insurance company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? () Yes () No
If yes, give details _____

Dated and Signed this _____ day of _____, 20____, at

_____. I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Signature of Affiant

Printed Name of Affiant

State of _____

County of _____

Personally appeared before me the above named _____, personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and Sworn to before me this _____ day of _____, _____

Notary Public

(SEAL)

My Commission Expires: _____